

**MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL
REQUEST FOR SCHEDULING OVERLOAD**

Name: _____ MSU ID: _____ Net ID: _____
Last First Middle

Major: _____ Graduate GPA: _____

I request permission to take a total of _____ hours during the _____ (semester) _____ (year).
Please note: No courses may be dropped beyond the last day to drop a course (see academic calendar for term requesting overload).

Full-time enrollment for a graduate student is defined as follows:

- Fall or Spring Semester: 9 or more credit hours with a maximum of 13 credit hours
- Maymester: No more than 3 credit hours
- Either 5-week Summer Session: 3 or more credit hours with a maximum of 7 credit hours
- 10-week Summer Session: 6 or more credit hours with a combined maximum total of 13 credit hours for all summer sessions (including Maymester)

List all courses on your schedule. You must indicate the Overload Course with an asterisk (*).

CRN: Prefix: Course Number: Section Number: Maymester, 1st 5-wk, 2nd 5-wk, 10-week (if Summer):

Reason for Request:

Do you hold a Graduate Assistantship Award for this registration period? Yes No

Students holding a graduate assistantship are responsible for payment of all student account assessments that exceed the approved.

Typed/Printed Name:

Approval Signature:

Student

Date

Graduate Coordinator

Date

Department Head

Date

College Dean

Date

Submit the approved form to the Registrar's Office in Garner Hall for processing and submit a copy to the Graduate School.

